

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">10/589683</div>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1	1						
2		1						
3		1						
4		2						
5		1						
6		1						
7		1						
8		1						
9		1						
10		1						
11		1						
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41		1						
42		1						
43		1						
44		1						
45		1						
46		1						
47		1						
48		1						
49		1						
50		1						
TOTAL IND.		↓		↓		↓		
TOTAL DEP.		←		←		←		
TOTAL CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
51		0						
52			1					
53				1				
54				1				
55				1				
56				1				
57				1				
58				1				
59				1				
60				1				
61				1				
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88				1				
89				1				
90				1				
91				1				
92				1				
93				1				
94				1				
95				1				
96				1				
97				1				
98			1					
99			1					
100								
TOTAL IND.		↓		3	↓	↓		
TOTAL DEP.		←		45	←	←		
TOTAL CLAIMS				48				

PTO - 1360 (REV. 11/04)

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